LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2321-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

NOVEMBER 5, 1986 — THIS PERMIT EXPIRES

CLEVELAND R. WATTS — ISSUED TO

ROUTE #1, BOX 25 MARTELL, NE 68404 — ADDRESS

T8N; R7E; Sec 5; Lot 11 I.T.; 11555 SO. 54 STREET — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
MG	5-6-86	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2321-C

DATE: _____

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 8 N ; Range 7E ; Section 5 ;
   Block — : Lot III : Addition —
   Street Address 11555 50 54

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: _____ ft. EXP Lagoon

Cleveland R Watts
Signature of Applicant (Owner or Lessee)

RT 1 Box 25 Martell Nebr 68404
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/5/86 . Date Frwd. 5/6/86 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5-6-86 . Date Frwd. 5-6-86 . ACTION: Approved ☒ Disapproved ☐ Signature: Paul Boesen
3. City or County Engineer: Date Rec'd. 5-6-86 . Date Frwd. 5-6-86 . ACTION: Approved ☒ Disapproved ☐ Signature: Harold E Sothan

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-28-86 by: rm need fence & drawing
Date: 11-24-86 by: rm need drawing
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-5-86 By: Ron Maynard

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. 2321-C

PROPERTY WHERE SOIL TESTED:

Location: Township 8-8 ; Range 7E ; Section & ¼ Section Sec 5. NE ¼
Property Dimensions: 222.25 ft. x 588 ft. Area: 2.8 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 4-18 to 4-19 . Weather: Precip. Trace Temp. 50 .

OWNER: Cleveland R. Watts
Address: 11555 So 54th

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hold No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo./Day)	Pre-Saturation Period Start Time (Hr./Min.)	Pre-Saturation Period End Date (Mo./Day)	Pre-Saturation Period End Time (Hr./Min.)	Percolation Readings Start Date (Mo./Day)	Percolation Readings Start Time (Hr./Min.)	Percolation Readings Start Water Level (in.)	Percolation Readings End Time (Hr./Day)	Percolation Readings End Water Level (in.)	Elapsed Time (Min.)	Results Water Level Drop (in.)	Percolation Rates (Min./in.)
1	36"	4-18	12 noon	4-19	1 PM	4-19	4 PM	6"	430 PM	6	30	0	
2										5 3/8		3/8	
3										5 3/4		1/4	
4										5 3/4		1/4	
5										5 1/2		1/2	
6										5 5/8		3/8	

Cleveland R. Watts
Signature of Person Conducting Test

Address Rt 1 Box 25 Martell Phone 794 6545

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: Too slow for conventional septic system
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 96 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

South 54th St.

001

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 6-8-92

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 8N ; RANGE 7E ; SECTION 5 ; BLOCK ___

LOT 11 ; ADDITION Irregular Tract ; Street Address 11555 S. 54 St. Boca

Directions to Property contact seller at 437-8388. he will give directions and meet you for inspection.

Location of Well see Tap Location: Inside ☐ Outside ☐

Location of Sewage System above Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Cleveland Watts	11555 S. 54 St. Boca	423-2343
Tenant/Buyer:	Leif Anderson	6408 Deerwood Lincoln	488-7973
Return to:	Crowfe Closing Co.	6940 O" St #312 Lincoln 68510	4104-1200

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Judith K. Beebe Address 6940 O St. #312 Lincoln 68510

==========

HEALTH DEPARTMENT USE ONLY

Date Received JUNE 10, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE JUNE 12, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☐	Approved:	☐	Date 6/12/92	by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date 6/23/92	by J.C.H.
Nitrate <0.1 PPM	☒	☐	Disapproved:	☒	Date ___	by ___

Comments: ONE SEWER CLEANOUT BROKEN, NEED WARNING SIGNS ON FENCE. NEED LITTLE TREE REMOVED FROM DIKE. 6/23/92 all corrected. J.C.H. See Attached Letter ☐

FINAL STATUS

	WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
	Approved: ☒	Approved: ☒	Provisional Approval: ☐

APPROVED BY Jerrold C. Hood R.E.H.S. DATE JUNE 23, 1992

Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

MO. ____ (2-3) WK. ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

ACCOUNT NO. ____ (16-22) ADD. TESTS 2 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 6/12/92 2:20pm (MO./DAY/YR./HOUR (9-16)) BY J.C. Wood (17-28)

ADDRESS OR LOCATION LOT III I.L., SEC. 5, T8N, R5E CLEVELAND WATTS (29-41)

NAME AND ADDRESS OF OWNER
LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

SPECIAL REQUEST: ____ (42)
0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: ____ (43)
1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. 13734 (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE ____ (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE MF (69-75)

ANALIZED BY RP (76-79)

2 IN JUN 12 P3:16 '92 OUT JUN 13 P9:44

'92 JUN 15 P4:52

REPORTED

RECEIVED

JUN 12 P3:16

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 152-3216

FOR LABORATORY USE ONLY

DATE COLLECTED 6 (MO) 12 (DAY) 92 (YEAR) 2:20 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOP

SAMPLE LOCATION CLEVELAND WATTS

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 5 TWNSHP 8 N RANGE 7 E

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N less than 0.1 mg/l

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

NOT TESTED BECAUSE OF:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

TEST(S) BY ET

FOR ACCOUNTING USE ONLY

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

LWN 88

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

8-7-15

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 11555 S 54th, Roca, NE 68430

NE Twp 5 Range 8 Section 7 1/4 ___ 1/4 ___ Block ___ Lot 11 Addition ___

Directions to Property About 100 yards So of 54 & Salt Lo on West Side

Location of Well East of the House Tap Location: Inside ☐ Outside ☐

Location of Sewage System West of House Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Leif Anderson	11555 S 54th	423-1163
Tenant/Buyer:			
Return to:	NE Title (Connie)	Suite 101 5635 "O" Lincoln, NE 68510	486-4900

Signature of Applicant Ed Pickett Address 4541 S 46th Lincoln NE 68516 Date 9/28/99

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 09/30/99
Initials ___
Amount 150.00
Check No. 2918

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By John Chmelka **DATE:** 10/5/99

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ ___/ml	☐ ___/ml
Nitrate	☑ 1.5 ppm	☐ ___ppm

SEWAGE SYSTEM

Approved ☑
Provisional ☐
Disapproved ☐

Additional Site Visits

Date___/___/___by___
Date___/___/___by___
Date___/___/___by___

Comments: IF THE TREES BLOCK THE AIRFLOW TO THE EXTENT THAT THE WASTE STABILIZATION POND DOESNOT FUNCTION, THEY WILL HAVE TO BE REMOVED (Ron Fuel)

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☑ **SEWAGE DISPOSAL SYSTEM:** Approved ☑ Provisional Approval ☐

Approved by John Chmelka Date 10/6/99

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

OCT 6 1999

Nebraska Health and Human Service
Regulation and Licensure - Laboratory Services
3701 South 14th Street
Lincoln, NE 68502
(402) 471-2122
(402) 471-2080 (fax)

Laboratory Report Printed on: **October 05, 1999**

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis For: PRIVATE COLIFORM
Sample Comments:

Laboratory Number: **P8340-18**
Sampled By: **CHESS, J**
Location: **ANDERSON 11555 S 54**
Sample Point:

Date Collected **04-Oct-1999 12:00 AM**
Date Received: **04-Oct-1999**

Parameter	Report Level	Units	Method	Analysis Date	Analyst	Results
TOTAL COLIFORM	0	cfu/100ml	COLILERT	10/05/99	KC	**Total coliform negative - meets bacteriological standards**
E. COLI	0	cfu/100ml	COLILERT	10/05/99	KC	**E. coli negative**

Note: see reverse side of report for description of acronyms and data qualifiers

For inquiries on result interpretation call: (402) 471-0515 for private clients or (402) 471-0930 for public water supply systems.

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 ST. MARYS
LINCOLN, NEBRASKA 68502

FILE NO. 2321-C

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF PERMIT

NOVEMBER 5, 1986 — THIS PERMIT EXPIRES

CLEVELAND R. WATTS — ISSUED TO

ROUTE #1, BOX 25 MARTELL, NE 68404 — ADDRESS

T8N; R7E; Sec 5; Lot 11 I.T.; 11555 SO. 54 STREET — LEGAL DESCRIPTION

REMARKS: NON-TRANSFERABLE NEW CONSTRUCTION

PERMIT	INSPECTION FEE	OCCUPATION TAX	TOTAL
$ 60.00	$	$	$ 60.00
ACCOUNTING NO.	ACCOUNTING NO.	ACCOUNTING NO.	CODE
	110.16	148.14	6-2

RECEIPTED BY	DATE	AMOUNT
MG	5-6-86	

VALID RECEIPT ONLY IF RECEIPTED IN THIS SPACE

HEALTH
ISSUING OFFICER

THIS PERMIT IS ISSUED AS PROVIDED BY COUNTY RESOLUTION NO. 2832

20109-0977

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☐
County Resolution No. 2832 ☒

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 2321-C

DATE: _____

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 8 N ; Range 7E ; Section 5 ;
   Block — : Lot III : Addition —
   Street Address 11555 50 54

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe _____

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: _____ ft. EXP Lagoon

Cleveland R Watts
Signature of Applicant (Owner or Lessee)

RT 1 Box 25 Martell Nebr 68404
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 5/5/86 . Date Frwd. 5/6/86 . ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Hood
2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 5-6-86 . Date Frwd. 5-6-86 . ACTION: Approved ☒ Disapproved ☐ Signature: Paul Boesen
3. City or County Engineer: Date Rec'd. 5-6-86 . Date Frwd. 5-6-86 . ACTION: Approved ☒ Disapproved ☐ Signature: Harold E Sothan

REMARKS OR REASONS FOR DISAPPROVAL _____

Site Visits:
Date: 8-28-86 by: rm need fence & drawing
Date: 11-24-86 by: rm need drawing
Date: _____ by: _____

INSTALLATION FINAL WRITTEN APPROVAL
Date: 12-5-86 By: Ron Maynard

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

FORM 20105-0477
SOIL ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. 2321-C

PROPERTY WHERE SOIL TESTED:

Location: Township 8-8 ; Range 7E ; Section & ¼ Section Sec 5. NE ¼
Property Dimensions: 222.25 ft. x 588 ft. Area: 2.8 acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests: 4-18 to 4-19 . Weather: Precip. Trace Temp. 50 .

OWNER: Cleveland R. Watts
Address: 11555 So 54th

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
Hold No.	Hole Depth (in.)	Pre-Saturation Period Start Date (Mo./Day)	Pre-Saturation Period Start Time (Hr./Min.)	Pre-Saturation Period End Date (Mo./Day)	Pre-Saturation Period End Time (Hr./Min.)	Percolation Readings Start Date (Mo./Day)	Percolation Readings Start Time (Hr./Min.)	Percolation Readings Start Water Level (in.)	Percolation Readings End Time (Hr./Day)	Percolation Readings End Water Level (in.)	Elapsed Time (Min.)	Results Water Level Drop (in.)	Percolation Rates (Min./in.)
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2										5 3/8		3/8	
3										5 3/4		1/4	
4										5 3/4		1/4	
5										5 1/2		1/2	
6										5 5/8		3/8	

Cleveland R. Watts
Signature of Person Conducting Test

Address Rt 1 Box 25 Martell Phone 794 6545

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

(Do not write below this line)

REVIEWING ACTION

Remarks: Too slow for conventional septic system
Soil Type (SCS): _____
Date: _____

Approved Percolation Rate (a)
A. 96 min./inch
B. _____ min./inch
C. _____ min./inch

Jerrold C. Hood
Signature of Reviewing Official

South 54th St.

001

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☒ Evaluation of the Individual Water System Date: 6-8-92

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 8N ; RANGE 7E ; SECTION 5 ; BLOCK ___

LOT 11 ; ADDITION Irregular Tract ; Street Address 11555 S. 54 St. Boca

Directions to Property contact seller at 437-8388. he will give directions and meet you for inspection.

Location of Well see Tap Location: Inside ☐ Outside ☐

Location of Sewage System above Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Cleveland Watts	11555 S. 54 St. Boca	423-2343
Tenant/Buyer:	Leif Anderson	6408 Deerwood Lincoln	488-7973
Return to:	Crowfe Closing Co.	6940 O" St #312 Lincoln 68510	4104-1200

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Judith K. Beebe Address 6940 O St. #312 Lincoln 68510

==========

HEALTH DEPARTMENT USE ONLY

Date Received JUNE 10, 1992 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE JUNE 12, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:	
Construction	☒	☐	Approved:	☐	Date 6/12/92	by J.C.H.
Bacteria	☒	☐	Provisional:	☐	Date 6/23/92	by J.C.H.
Nitrate <0.1 PPM	☒	☐	Disapproved:	☒	Date ___	by ___

Comments: ONE SEWER CLEANOUT BROKEN, NEED WARNING SIGNS ON FENCE. NEED LITTLE TREE REMOVED FROM DIKE. 6/23/92 all corrected. J.C.H. See Attached Letter ☐

FINAL STATUS

	WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
	Approved: ☒	Approved: ☒	Provisional Approval: ☐

APPROVED BY Jerrold C. Hood R.E.H.S. DATE JUNE 23, 1992

Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

BIOLOGICAL EXAMINATION OF DRINKING WATER

SAMPLE TO BE COLLECTED AND MAILED ON:

MO. ____ (2-3) WK. ____ (4) DAY ____ (5) SAMP/DAY ____ (6-7)

ACCOUNT NO. ____ (16-22) ADD. TESTS 2 (23) 1. FL 2. N 3. BOTH 4. TPC

DATE COLL. 6/12/92 2:20pm (MO./DAY/YR./HOUR (9-16)) BY J.C. Wood (17-28)

ADDRESS OR LOCATION LOT III I.L., SEC. 5, T8N, R5E CLEVELAND WATTS (29-41)

NAME AND ADDRESS OF OWNER
LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

FOR LABORATORY USE ONLY

SPECIAL REQUEST: ____ (42)
0. NONE 1. CHECK 2. REPLACEMENT

SAMPLE CONDITION: ____ (43)
1. GOOD 2. DAMAGED 3. INSUFFICIENT 4. OLD 5. RETURNED UNUSED

LABORATORY NO. 13734 (44-47)

DATE EXAMINED ____ (48-53)

COLIFORM 0 (54-56) /100 mL.

FLUORIDE ____ (57-60) mg/LITER

NITRATE ____ (61-64) mg/LITER

TPC ____ (65-68) /100 mL.

LAB. PROCEDURE MF (69-75)

ANALIZED BY RP (76-79)

2 IN JUN 12 P3:16 '92 OUT JUN 13 P9:44

'92 JUN 15 P4:52

REPORTED

RECEIVED

JUN 12 P3:16

COMPLETE INFORMATION BELOW

WATER CHEMISTRY

STATE LAB NO. 152-3216

FOR LABORATORY USE ONLY

DATE COLLECTED 6 (MO) 12 (DAY) 92 (YEAR) 2:20 P.M. (HOUR)

SAMPLE COLLECTED BY JERROLD HOOP

SAMPLE LOCATION CLEVELAND WATTS

PROPERTY LEGAL DESCRIPTION: COUNTY LANCASTER

QRTR NE SECT 5 TWNSHP 8 N RANGE 7 E

TEST METHOD: USEPA METHOD 353.2

NITRATE ANALYSIS FOR DRINKING WATER

NITRATE — N less than 0.1 mg/l

NAME AND ADDRESS OF PERSON TO RECEIVE EXTRA REPORT:

PLEASE PRINT COMPLETE ADDRESS

THIS LAB REPORT IS TO BE MAILED TO:

LINCOLN-LANCASTER COUNTY
ENVIRONMENTAL HEALTH
2200 ST. MARY'S AVENUE
LINCOLN, NEBRASKA 68502

NOT TESTED BECAUSE OF:
☐ INSUFFICIENT AMOUNT ☐ DAMAGE ☐ IMPROPER CONTAINER

TEST(S) BY ET

FOR ACCOUNTING USE ONLY

STATE OF NEBRASKA DEPARTMENT OF HEALTH LABORATORIES
3701 SOUTH 14th LINCOLN, NE 68502

LWN 88

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

8-7-15

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MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☐ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing.

Legal Description of Property: Street Address 11555 S 54th, Roca, NE 68430

NE Twp 5 Range 8 Section 7 1/4 ___ 1/4 ___ Block ___ Lot 11 Addition ___

Directions to Property About 100 yards So of 54 & Salt Lo on West Side

Location of Well East of the House Tap Location: Inside ☐ Outside ☐

Location of Sewage System West of House Year Installed ___

	NAME	ADDRESS	PHONE
Present Owner:	Leif Anderson	11555 S 54th	423-1163
Tenant/Buyer:			
Return to:	NE Title (Connie)	Suite 101 5635 "O" Lincoln, NE 68510	486-4900

Signature of Applicant Ed Pickett Address 4541 S 46th Lincoln NE 68516 Date 9/28/99

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 09/30/99
Initials ___
Amount 150.00
Check No. 2918

DATA ENTRY

Date ___/___/___
Case No. ___
Initials ___

PRELIMINARY STATUS--By John Chmelka **DATE:** 10/5/99

WATER SYSTEM:	Approved	Disapproved
Construction	☑	☐
Bacteria	☑ ___/ml	☐ ___/ml
Nitrate	☑ 1.5 ppm	☐ ___ppm

SEWAGE SYSTEM

Approved ☑
Provisional ☐
Disapproved ☐

Additional Site Visits

Date___/___/___by___
Date___/___/___by___
Date___/___/___by___

Comments: IF THE TREES BLOCK THE AIRFLOW TO THE EXTENT THAT THE WASTE STABILIZATION POND DOESNOT FUNCTION, THEY WILL HAVE TO BE REMOVED (Ron Fuel)

See Attached Letter ☐

FINAL STATUS

WATER SYSTEM: Approved ☑ **SEWAGE DISPOSAL SYSTEM:** Approved ☑ Provisional Approval ☐

Approved by John Chmelka Date 10/6/99

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95

OCT 6 1999

Nebraska Health and Human Service
Regulation and Licensure - Laboratory Services
3701 South 14th Street
Lincoln, NE 68502
(402) 471-2122
(402) 471-2080 (fax)

Laboratory Report Printed on: **October 05, 1999**

LLCHD
LINCOLN LANCASTER COUNTY HEALTH DEPT.
JOHN CHESS
3140 N STREET
LINCOLN, NE 68510

Laboratory Analysis For: PRIVATE COLIFORM
Sample Comments:

Laboratory Number: **P8340-18**
Sampled By: **CHESS, J**
Location: **ANDERSON 11555 S 54**
Sample Point:

Date Collected **04-Oct-1999 12:00 AM**
Date Received: **04-Oct-1999**

Parameter	Report Level	Units	Method	Analysis Date	Analyst	Results
TOTAL COLIFORM	0	cfu/100ml	COLILERT	10/05/99	KC	**Total coliform negative - meets bacteriological standards**
E. COLI	0	cfu/100ml	COLILERT	10/05/99	KC	**E. coli negative**

Note: see reverse side of report for description of acronyms and data qualifiers

For inquiries on result interpretation call: (402) 471-0515 for private clients or (402) 471-0930 for public water supply systems.